



## NOTIFICATION OF LEAD TRAINING COURSE

*Please complete a separate notification for each course conducted.*

Training Course Provider: _____ LHRP registration no. <b>T</b> - _____		
Course to be held at (facility): _____		
Address: _____ City: _____		
<b>Name of Course:</b> <input type="checkbox"/> Worker <input type="checkbox"/> Risk Assessor <input type="checkbox"/> Inspector <input type="checkbox"/> Supervisor <input type="checkbox"/> Project Designer		Start date: _____
<b>Type:</b> <input type="checkbox"/> Initial <input type="checkbox"/> Refresher		Ending date: _____

Instructor Information			Indicate the Principal Instructor for this course
Name of Instructor	Teaching which aspect(s)	Date(s) (if not ALL)	

This form **must** be mailed or FAXed at least seven (7) calendar days prior to conducting the course described to:

**Michigan Department of Community Health**  
**Lead Hazard Remediation Program**  
**P.O. Box 30195**  
**Lansing, MI 48909**  
**Attn: Training Coordinator**  
**FAX: (517) 335-8800**

If the course described above is subsequently canceled, or the dates modified, LHRP must be notified no later than 24 hours prior to the original start date